DOCUMENT RESUME

ED 407 798 EC 305 557

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TITLE First Steps: An Early Intervention Program for Antisocial Kindergartners. Overview.

INSTITUTION Oregon Univ., Eugene. Coll. of Education.

SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE Mar 96
NOTE 26p.; For related modules, see EC 305 558-560.
PUB TYPE Reports - Descriptive (141)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Antisocial Behavior; *Behavior Modification; Behavior Problems; Disability Identification; *Early Intervention; Educational Strategies; *High Risk Students; Interpersonal Competence; Kindergarten Children; Learning Modules; *Parent Participation; Peer Relationship; Primary Education; Program Development; Program Effectiveness; Screening Tests; Student Evaluation
IDENTIFIERS *Social Skills Training

ABSTRACT

This report describes an early intervention program for at-risk kindergartners who show the early signs of antisocial behavior patterns. The "First Steps" program consists of three modules that are designed to be used in concert with each other. These modules are: (1) a universal screening procedure that affords each kindergarten child an equal chance to be evaluated and identified for the problem of antisocial behavior; (2) a school intervention that involves the target child, peers, and teachers to teach an adaptive, prosocial pattern of school behavior; and (3) a home intervention component that instructs parents in skills for improving their child's school adjustment and performance. The two primary goals of the program are to teach the at-risk child to get along with others and to engage in school work in an appropriate manner. This report describes the program's modules, the development and evaluation of First Steps, the roles of participants (teachers, parents, children), implementation issues, and training of program consultants. Barriers to effective implementation of the program are also discussed, including resistance to the program's adoption, reluctance to proactively screen children, philosophical objections to direct behavioral interventions, non-traditional kindergarten class schedules, and lack of parental support. (Contains 18 references.) (CR)

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ED 407 798

Overview

First Steps

An Early Intervention Program for Antisocial Kindergartners

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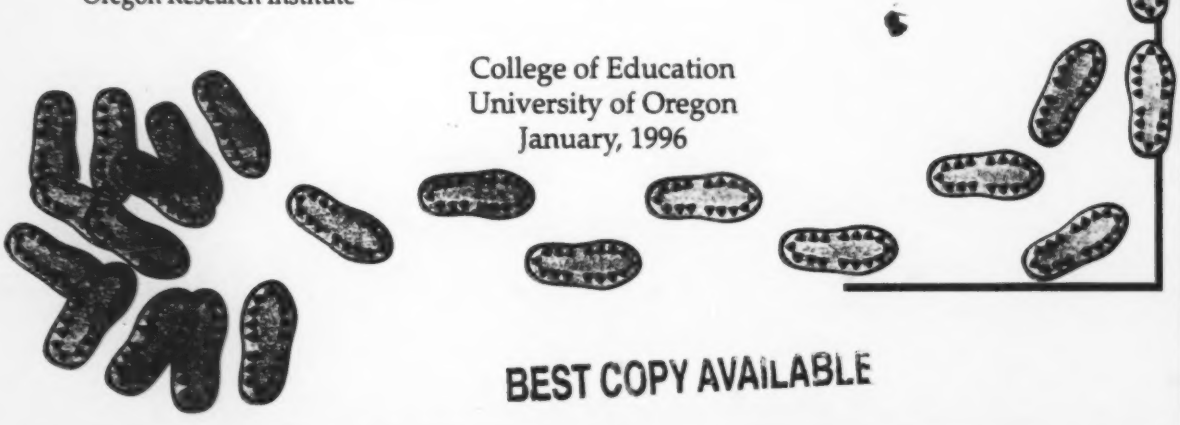
College of Education
University of Oregon
January, 1996



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EC 305557

FIRST STEPS:

AN EARLY INTERVENTION PROGRAM

FOR ANTISOCIAL KINDERGARTNERS

OVERVIEW

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Acknowledgements

The authors wish to acknowledge the many contributions of the children, families, teachers and other professionals who have played such important roles in the development of **First Steps**. Their support and participation, combined with the feedback they provided during its implementation, are key factors in accounting for the demonstrated effectiveness of **First Steps**. In addition, we are especially appreciative of the critical roles played by the following individuals during the development process: **Tom Henry, Margaret Nichols, Jill Simmons, and Nancy Golden, of Eugene School District 4J; John Reid, of the Oregon Social Learning Center; Dan Close, of the Center on Human Development at the University of Oregon; Pat Martin, Director of Federal Relations for the University of Oregon; and John Ball, Executive Director of the Oregon Commission on Children and Families**.

First Steps was developed through a four-year, model development grant to the senior author (Walker) from the U.S. Office of Special Education Programs. This early intervention program could not have been developed without the support and assistance provided by OSEP through funding and site visitations.

Finally, the cooperation of the Eugene schools, the support of the College of Education at the University of Oregon, and the sponsorship of the **Institute on Violence and Destructive Behavior** established the organizational capability that allowed **First Steps** to be developed under optimal conditions. The Oregon Research Institute also contributed very important financial and administrative supports that enhanced the program's impact and established its effectiveness through careful evaluation procedures. The University of Oregon included the **First Steps** program as part of its federal agenda for the 1995 and 1996 years; inclusion in this programmatic initiative provided numerous benefits and highlighted the program's visibility.

FIRST STEPS: AN EARLY INTERVENTION PROGRAM FOR ANTISOCIAL KINDERGARTNERS

OVERVIEW

Introduction

First Steps is an early intervention program for at-risk kindergartners who show the early signs of antisocial behavior patterns. Antisocial behavior refers to the consistent violation of behavioral expectations across a range of settings (i.e., home, school, community). Children who bring antisocial behavior patterns to the schooling experience have an elevated risk for a host of negative outcomes including **rejection by teachers and peers, school failure and dropout, delinquency, assignment to alternative school settings, vulnerability to gang membership and, in some cases, interpersonal violence** (Cicchetti & Nurcombe, 1993; Reid, 1993). Such children are considered to have **life-course-persistent** antisocial behavior (Moffitt, 1994) and they will likely manifest it throughout their school careers if left unattended. Over the developmental age span, this behavior pattern proves to be extremely costly in both social and economic terms (Patterson, Reid, & Dishion, 1992; Reid, 1993).

First Steps is a best-practices intervention program designed to divert at-risk kindergartners from a path leading to an antisocial pattern of behavior that is destructive and very costly to the child, family, school and, ultimately, society. It consists of three modules that are designed to be used in concert with each other. These are (1) a universal screening procedure that affords each kindergarten child an equal chance to be evaluated and identified for the problem of antisocial behavior; (2) a school intervention involving the target child, peers and teachers that teaches an adaptive, prosocial pattern of school behavior; and (3) a home intervention component that instructs parents in skills for improving their child's school adjustment and performance.

The two primary goals of the First Steps program are to teach the at-risk child to get along with others (teachers and peers) and to engage in school work in an appropriate manner. By doing so, the program will enhance the child's school success and may divert him or her from a path leading to antisocial behavior and its associated, negative outcomes. There is substantial evidence that effective early intervention programs have the potential to actually prevent these long-term outcomes, if they are of high quality and comprehensive in nature (Zigler, Taussig, & Black, 1992).

The remainder of this overview addresses the following topics: **(1) description of the First Steps modules, (2) development and evaluation of First Steps, (3) roles of First Steps participants, (4) implementation issues and guidelines, (5) training of First Steps program consultants, and (6) barriers to effective implementation.**

Description of the First Steps Modules

First Steps is a collaborative school and home intervention that diverts at-risk kindergartners from a path leading to antisocial behavior patterns that are associated with extremely negative, long-term outcomes. The primary focus of **First Steps** is on improving the child's social adjustment and academic performance by enlisting the coordinated support and participation of the three social agents most important in a child's life (i.e., parents, teachers, and peers). Key roles are identified for each of these participants in the **First Steps** implementation process. The program has a positive focus on enhancing the at-risk child's early school experiences so as to produce a successful start in school. Participation in **First Steps** also develops interactive skills among target children, peers, parents, and teachers that contribute to positive relationships and the development of friendships.

First Steps is an intervention program that grows out of several continuing lines of research whose origins can be traced back over more than two decades. The screening component of **First Steps** includes an adapted preschool version of a universal screening-identification system for identifying at-risk students in the elementary age-grade range. This system, called **Systematic Screening for Behavior Disorders** (SSBD), was developed by Walker and Severson (1990) and has been broadly adopted as a best assessment practice for children having school-related behavior disorders. The adapted preschool version of the SSBD was developed by Walker, Severson, and Feil (1995) and is called the **Early Screening Project**. Beginning in 1984, the development, validation, and dissemination of this work was supported by two grants from the U.S. Office of Special Education Programs, a dissemination grant from the National Diffusion Network, and a student initiated grant (Feil) from the U.S. Department of Health and Human Services. The research procedures and outcomes involved in developing these assessment approaches are described in Walker, Severson, Stiller, Williams, Haring, Shinn, and Todis (1988); Walker, Severson, Todis, Block-Pedego, Williams, Haring, and Barckley (1990); and Feil, Walker, and Severson (1995).

The school intervention component of **First Steps** is an adapted preschool version of the **CLASS Program for Acting-out Children** (**C**ontingencies for **L**earning **A**cademic and **S**ocial **S**kills) (Hops & Walker, 1988). CLASS was developed and tested by the senior author and his colleagues, over a five-year period, as part of an eight-year research and development effort funded by the U.S. Office of Special Education Programs. Details of this program of research is described in Walker, Hops, and Greenwood (1984) and Walker (1995).

The third module of **First Steps**, called **Home Base**, is a family-based program that promotes school success skills. The program content of **Home Base** is based on years of research with thousands of families who have contributed to current knowledge of the family factors that are related to competent parenting practices and effective social adjustment among children and youth. This outstanding program of research, development, training, and clinical work on the families that produce antisocial children was conducted at the

Oregon Social Learning Center (OSLC). Over the past two decades, this work has been focused on evaluating effective intervention and treatment programs to prevent and counteract the development of problem behavior in children and adolescents. These activities have been continuously supported through grants from the National Institute of Mental Health. Key features of this work are synthesized and described in Dishion, Patterson, and Kavanagh (1992); Patterson (1982); Patterson, Reid, and Dishion (1992); and Reid (1993). Knowledge derived from OSLC longitudinal research and clinical trials with at-risk children and youth, preschool through adolescence, has consistently demonstrated the importance of cross-setting communication and collaboration between the significant adults in a child's life (parents, teachers) in order to maximize opportunities for success and to minimize the development of problems.

First Steps is a collaborative home and school early intervention program that has resulted from these lines of inquiry and programmatic development. It is an example of how funding streams from different federal agencies can converge in the development of effective home and school intervention procedures. First Steps is a model intervention that can be adopted by school districts and provides a vehicle for the effective collaboration of schools and community agencies that serve families under stress.

The three modules of First Steps are described below. Although they are stand-alone components that can be used singly or independently, it is highly recommended that they be used in concert with each other. The program will have its maximal impact if they are used in this fashion.

Screening Module

The screening component of First Steps is designed (a) to evaluate each kindergarten child in relation to antisocial behavior patterns and (b) to identify those who show an elevated risk status. Identified kindergartners are possible candidates for the First Steps school and home intervention. Four options are provided for accomplishing the screening-identification tasks for the program and are described in detail in the First Steps screening-identification module. These options are briefly reviewed below.

Option One. The teacher is given a definition of antisocial behavior and asked to nominate children whose characteristic behavior pattern reflects it. Nominated children are then rank-ordered by the teacher according to how well their behavior matches the definition. The highest-ranked children are considered possible candidates for the First Steps intervention.

Option Two. This screening procedure also relies upon teacher nomination(s) and rank-ordering of at-risk students (as above). In addition to the rank ordering procedure used in option one, the teacher also rates the highest-ranked students on a seven-item scale that is sensitive in identifying students who are at-risk for developing antisocial behavior patterns.

Students exceeding the cut-off score on this list of items are considered likely candidates for the **First Steps** program.

Option Three. This screening procedure is more involved and is multi-method in nature. The teacher nominates and rank-orders at-risk students as in option two. The highest-ranked students are then rated on a nine item subscale that measures aggressive behavior. These students are also observed for two 20-minute periods in free-play settings using a stopwatch. The amount of time the target student spends engaged in negative, aggressive social exchanges with peers is recorded. This dual criterion is used to decide whether a student qualifies for the program.

Option Four. In this final option, the procedures and decision criteria of the **Early Screening Project** (Walker, Severson, & Feil, 1995) are used to identify likely candidates for **First Steps**. This multiple-gating procedure contains three interrelated stages of screening (i.e., teacher nomination and rank-ordering, teacher and parent ratings, and direct observations in classroom and free-play settings). Target students who exceed cut-off scores on this instrument are very likely to be appropriate candidates for the **First Steps** program. This screening procedure uses normative criteria to assist in decision making and has been extensively researched.

These options are arranged in order according to their accuracy and cost of implementation. Each option will identify at-risk kindergartners. Although Options Three and Four are likely to be more comprehensive and effective than Options One and Two, all four will provide screening and detection to determine those students who can benefit from exposure to intervention.

School Intervention Module (CLASS)

As noted above, the School Intervention Module of **First Steps** is an adapted preschool version of the **CLASS Program for Acting-Out Children** developed by Hops and Walker (1988). CLASS is a consultant-based intervention program for use with acting-out, disruptive, and/or aggressive children within a regular classroom context. CLASS requires 30 program days for successful completion; each program day has a performance criterion that must be met before proceeding on to the next program day. If the criterion isn't met, the day is repeated and/or the student is recycled to an earlier successful program day. Thus, implementation of the CLASS program usually requires a minimum of 30 school days or about two months from start to finish.

CLASS is divided into three successive phases: **Consultant, Teacher, and Maintenance**. The Consultant Phase (Program Days 1-5) is the responsibility of a school professional who coordinates the implementation process (e.g., school counselor, teacher aide, school psychologist, other). In addition, the consultant performs the following key implementation tasks: (a) explains the CLASS program to the teacher, parents, target child, and peers; (b) secures the consent of all parties to participate in the program's

implementation; (c) operates the program in the classroom for the first five program days during two 20- to 30-minute sessions daily; (d) negotiates earned school and home privileges with the child, teacher, and parents; (e) demonstrates the program and trains the teacher in how to apply it; and (f) turns the program over to the teacher and supervises his/her operation of it during the Teacher Phase.

The Teacher Phase (Program Days 6-20) is operated by the classroom teacher in whose room the CLASS program is initially implemented. The teacher is closely supervised in the early stages of this phase by the CLASS program consultant. Teacher Phase implementation tasks include the following: (a) operate the program daily; (b) award points and praise, as the child's behavior warrants, on a prescribed schedule; (c) supervise the delivery of group-activity privileges as they are earned at school; and (d) communicate with parents regarding the child's school performance. The teacher works closely with the consultant, the child, and parents throughout the program's implementation.

The Maintenance Phase of the CLASS program lasts from Program Days 21 to 30. In this final phase of the program, the student is rewarded primarily with praise and approval from the teacher at school, and from parents at home. During this phase, an attempt is made to reduce the child's dependence upon the program by (a) awarding points/praise only once every 10 minutes, (b) not showing the green/red card any more, and (c) having a reward available to be earned only every third day. In the majority of cases, students who successfully complete the Teacher Phase of the program are able to sustain their improved behavior in this phase despite these changes. However, for those students who cannot, the CLASS program contains suggested strategies for preserving long-term maintenance effects.

Home Intervention Module (homeBase)

The **Home Base** program consists of six lessons for parents that are designed to build child competencies in six areas that affect school adjustment and performance. These are: **(1) Communication and Sharing School, (2) Cooperation, (3) Limits-Setting, (4) Problem-Solving, (5) Friendship-Making,** and **(6) Developing Confidence. Home Base** contains lessons and parent-child activities that are designed to directly teach these skills. **Home Base** requires six weeks for implementation. The **First Steps** program consultant visits the parents' home and conducts the lessons in that setting. Materials are left with the parents that facilitate review and practice of each skill. The **Home Base** lessons require approximately one hour each. Parents are encouraged to work with their child ten to fifteen minutes daily to practice the **homeBase** skills being taught.

A key goal of **Home Base** is to build a strong and positive link between home and school. For example, the first **Home Base** lesson, "Sharing School", provides activities for the target child to talk about his or her life at school and also encourages the parent to set up a routine of visiting the school and talking with the teacher. **Home Base** is designed to strengthen parenting skills in developing child competence in key areas related to school success; parents are enlisted as partners with the school in helping the child get off to the

best possible start in his or her school career. A key principle of **Home Base** and **First Steps** is that parents are never blamed for the problems their child may be experiencing in school. Instead, parents are asked to enter a collaborative working relationship with school personnel in order to develop the target child's school success.

Development and Evaluation of First Steps

First Steps was developed and evaluated through a federal grant to the senior author entitled, "**Prevention of Antisocial Behavior Patterns**." The resulting project that developed **First Steps** was a collaborative effort between Eugene School District 4J, the Oregon Social Learning Center, and the College of Education of the University of Oregon. This project spanned four years and was divided into four phases: **planning, intervention, replication,** and **dissemination**. A total of 46 antisocial kindergartners and their families participated in the **First Steps** program during Years Two (Intervention) and Three (Replication) of the project. Half of these students were followed up into grades one and two (two calendar year followup); the remaining half were followed up into first grade for a one year followup.

A cohort design with experimental and wait-list control groups was used to evaluate the effects of **First Steps** and to establish a causal relationship between the intervention and resulting changes in child behavior. Cohort 1 consisted of 24 antisocial kindergartners and their families who were screened and exposed to **First Steps** during the 1993-94 school year. Cohort 2 consisted of 22 antisocial kindergartners who were similarly screened and exposed to the intervention during the 1994-95 school year. The **First Steps** intervention required approximately three months for full implementation in school and home settings.

A trainer-of-trainers model was used to deliver the intervention procedures. That is, the developers of **First Steps** recruited and trained a cadre of program consultants (i.e., graduate students, teachers, counselors, teacher aides) to implement the intervention for each cohort of children and families. They were supervised and monitored carefully in their implementation of the program through weekly meetings, program visitations, and telephone contact(s).

Five dependent measures were used to assess the effects of **First Steps**. Four of the measures were teacher ratings and one involved direct observations in the classroom recorded by professionally-trained observers. The teacher rating scales included: (a) **the Adaptive Behavior Rating Scale** and the **Maladaptive Behavior Rating Scale** of the **Systematic Screening for Behavior Disorders** (**SSBD**) procedure (Walker & Severson, 1990) and (b) **the Aggression** and **Withdrawn Subscales** of the **Achenbach Child Behavior Checklist** (Achenbach, 1993). All of these scales have well-established psychometric integrity and characteristics.

A cadre of observers was professionally trained in the **Academic Engaged Time** coding definition and recording procedures of the **Systematic Screening for Behavior**

Disorders (SSBD) procedure. Observers were students and research assistants recruited and trained by the Oregon Research Institute as part of a research project on early screening and identification directed by Severson, Walker, and Feil (1993-97). Observers were kept blind as to the status of the kindergarten students (experimental/wait-list control) they were assigned to observe. Observations were recorded during regularly scheduled classroom activities.

Table 1 presents average scale scores and mean AET percentages across four evaluation points for Cohort 1 students (**pre, post, 1st grade, 2nd grade**) and three evaluation points for Cohort 2 students (**pre, post, 1st grade**). Inspection of Table 1 indicates substantial average changes, in the appropriate directions, for Cohort 1 and 2 students across the five dependent measures from **pre** to **post** time points. The effects for Cohort 1 and 2 student groups were closely replicated. Both groups showed acceptable maintenance of achieved intervention effects into first grade with different teachers and peer groups. Cohort 1 also showed moderate maintenance effects into second grade, two years following the end of the First Steps intervention. These results are encouraging and suggest the cost effectiveness of school-home interventions that occur early in the school careers of antisocial children.

Figures 1 and 2 convert these measures to standard scores and profile the performance of Cohorts 1 and 2 in standard score units across these same time points. Scores resulting from the teacher measures of maladaptive student behavior were also transformed and plotted on the same dimension of prosocial behavior. These score transformations facilitate comparisons across time, settings and measures.

An experimental/wait-list control group design was used to investigate the existence of a causal relationship between the First Steps intervention and changes in the behavior of antisocial kindergartners. Cohorts 1 and 2 were divided into two equal groups with half the students receiving the First Steps intervention and the other half serving as wait-list controls during the intervention. Both groups were assessed at **pre** and **post** time points. The wait-list controls were then subsequently exposed to First Steps.

Table 2 presents analyses of covariance for each of the five dependent measures where baseline or **pre** measures were used as a covariate in each analysis. For purposes of this analysis, the experimental students (i.e., First Steps) and the wait-list students (i.e., controls) were combined across Cohorts 1 and 2. Means and standard deviations for each condition by group are presented in Table 2 along with F ratios, degrees of freedom, and significance levels. These analyses indicated that four of the five dependent measures were sensitive to the intervention and they document a causal relationship between implementation of the First Steps intervention procedures and correlated changes in student behavior change.

The results of the First Steps intervention were particularly encouraging in that participants in the program moved target students to within the normative range on two of the most important measures used to evaluate the program (i.e., CBC Aggression Subscale

Scores and Academic Engaged Time). Measures of aggression are a marker for antisocial behavior patterns and for a host of social adjustment problems. Academic engaged time is a strong correlate of academic performance and also provides a sensitive measure of a student's ability to meet the academic demands of instructional settings. At pre intervention, scores on the CBC Aggression Subscale were in the marginally at-risk band and above for Cohort 1 and 2 students respectively with T-Scores of 20 and 24. At post, Cohort 1 and 2 mean scores were reduced to 11 and 16, respectively, which correspond to T-Scores of 56 and 63. Normative levels for Academic Engaged Time, based upon observational data, are considered to be in the range of 75% to 85% when recorded within regular classroom settings (See Rich & Ross, 1989). Cohort 1 students averaged 62% and Cohort 2 students 59% AET at pre; at post intervention, these percentages were 82% and 90%, respectively. Although statistically significant improvements were recorded for them, target students were still well below normative levels on the teacher rating measures of adaptive and maladaptive behavior.

Roles of First Steps Participants

The **First Steps** program consultant or coordinator is the key participant in its delivery. This individual is responsible for (a) disseminating information about the program, (b) coordinating the screening and identification process, (c) making decisions about which students are appropriate candidates for **First Steps**, (d) securing permission from parents for the child's participation, (e) soliciting the cooperation of the kindergarten teacher(s), (f) conducting the school and home intervention components, and (g) evaluating and trouble-shooting the program as appropriate. It is estimated that the **First Steps** program consultant will invest 50 to 60 hours of professional time in the implementation process over a three-month period.

Teacher. The teacher's role in the program involves very little extra time and effort. This individual's most important tasks are (a) to monitor and reward the child's appropriate behavior and to signal the occurrence of inappropriate behavior under the program consultant's supervision, (b) to make group activity rewards available at school and to supervise their delivery, (c) to communicate regularly with parents regarding the student's school behavior, and (d) to coordinate with parents and the program consultant in recognizing, supporting, and rewarding the **Home Base** skills that are taught as part of the home intervention component of **First Steps**.

Parents. Parents are expected to work closely with the program consultant and the target child in teaching the **Home Base** skills that contribute to school success. Parents master one of the six **Home Base** lessons each week and learn a variety of games and activities for teaching these skills. They also communicate regularly with the teacher to insure that these skills are being recognized and supported in school.

Child. The target child who participates in **First Steps** needs to cooperate with the program at both home and school. Acquiring a new, more adaptive behavior pattern that

Table 1

RAW SCORE TREATMENT AND FOLLOW-UP RESULTS BY COHORT (1993-94 AND 1994-95)

Measures	Evaluation Time Points			
1993-94 Cohort				
Teacher Ratings	Kindergarten		1st Grade (N = 20)	2nd Grade (N = 18)
	Pre- (N = 24)	Post- (N = 24)		
Adaptive	21.8	28.7	25.5	26.7
Maladaptive	32.6	22.5	23.6	23.8
CBC Aggression	20.4	11.3	13.8	14.5
CBC Withdrawn	7.3	5.2	4.4	6.1
AET Observations	(N = 24) 62.4%	(N = 24) 82.5%	(N = 20) 90.7%	(N = 17) 83.1%
1994-95 Cohort				
Teacher Ratings	Kindergarten		1st Grade (N = 15)	
	Pre- (N = 22)	Post- (N = 22)		
Adaptive	21.7	26.7	26.5	--
Maladaptive	31.5	26.3	23.7	--
CBC Aggression	24.8	16.8	17.3	--
CBC Withdrawn	4.0	2.6	1.2	--
AET Observations	(N = 22) 59.6%	(N = 22) 90.8%	(N = 13) 81.8%	--

Figure 1

Standard Score Profiles of Cohort 1 Students Across Five Measures and Four Time Points

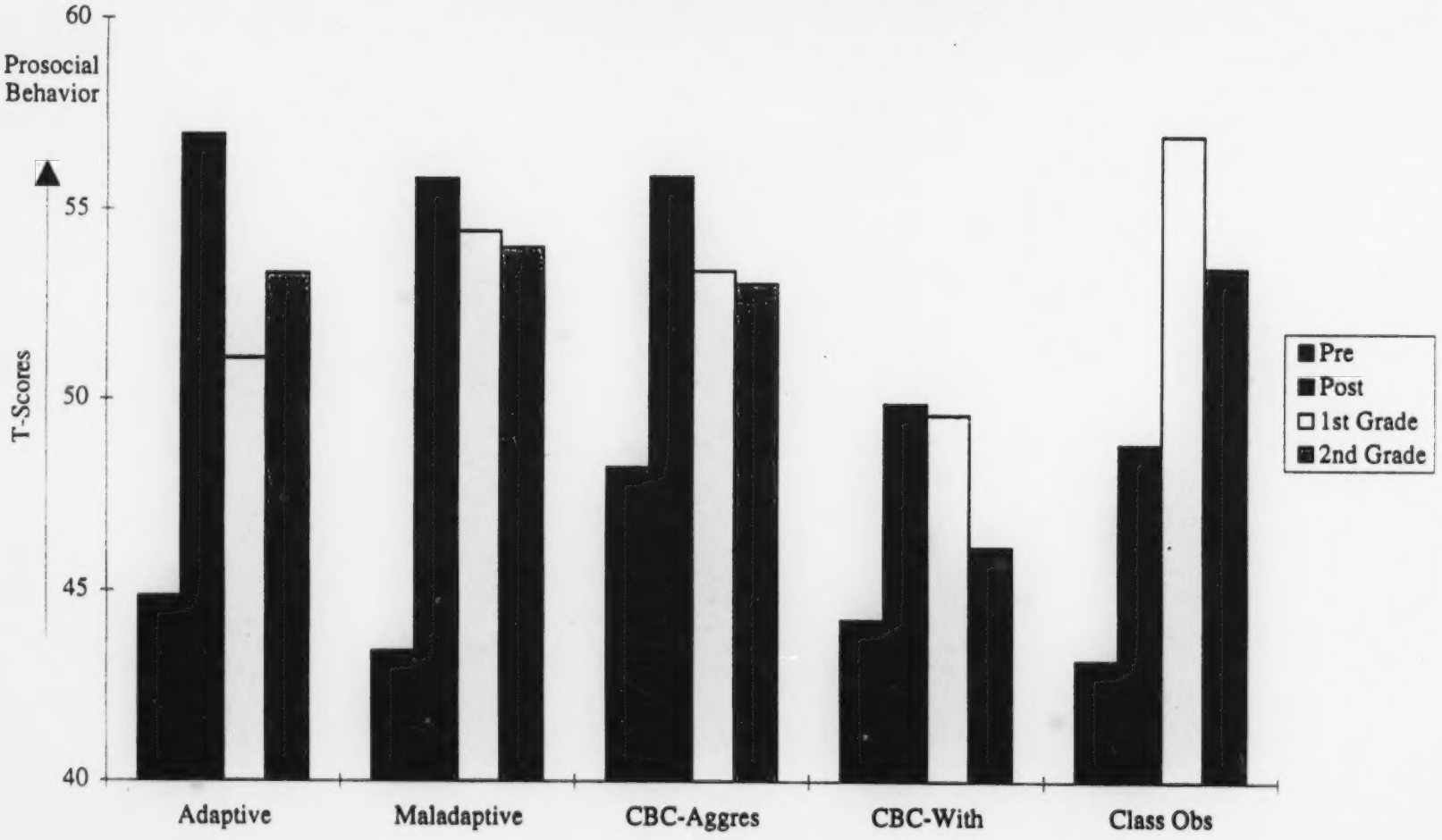

Figure 2

Standard Score Profiles of Cohort 2 Students Across Five Measures and Three Time Points

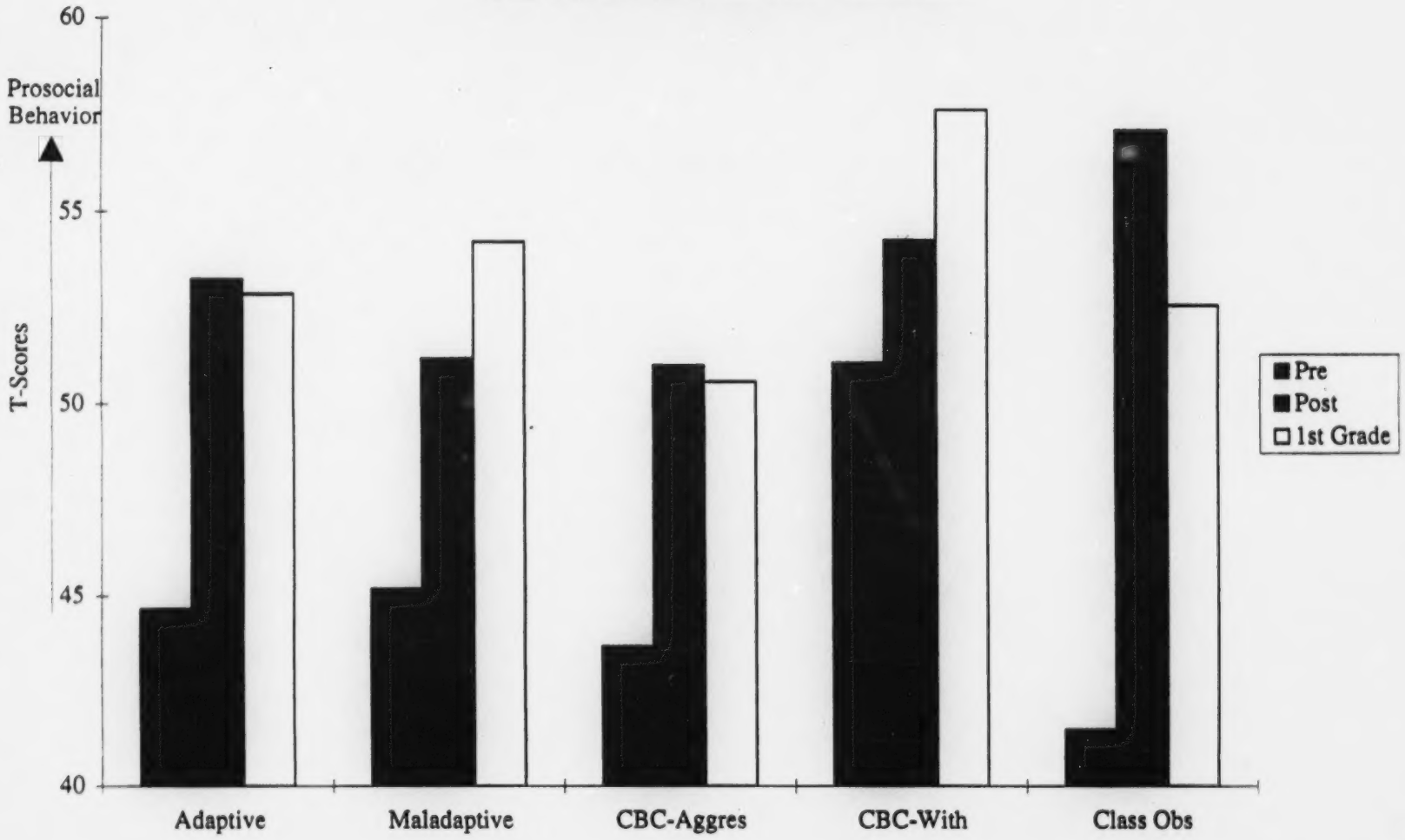

Table 2

ANALYSES OF COVARIANCE WITH EXPERIMENTAL AND WAIT-LIST\ CONTROL GROUPS ACROSS FIVE DEPENDENT MEASURES

Mean (SD)	Baseline	Post-Intervention (Exp.) or 2nd Baseline (Control)
Adaptive Teacher Rating Scale		
Experimental	22.68 (5.03)	28.8 (4.19)
Wait-List/Control	20.83 (4.42)	22.10 (4.93)
F = 22.91 (1,45) p < .001		
Maladaptive Teacher Rating Scale		
Experimental	32.40 (6.74)	23.52 (8.70)
Wait-List/Control	32.17 (7.82)	31.63 (7.03)
F = 18.54 (1,45) p < .001		
Teacher Ratings on the CBC Aggression Subscale		
Experimental	22.24 (10.92)	13.54 (9.33)
Wait-List/Control	22.00 (11.05)	22.82 (10.04)
F = 16.85 (1,44) p < .001		
Teacher Ratings on the CBC Withdrawn Subscale		
Experimental	5.00 (3.83)	3.08 (3.39)
Wait-List/Control	6.22 (5.21)	4.45 (4.54)
F = 0.23 (1,44) p = .63		
Classroom Observation(s) of Academic Engaged Time		
Experimental	64.00 (10.59)	83.36 (21.09)
Wait-List/Control	58.78 (18.74)	68.18 (20.35)
F = 5.65 (1,45) p < .05		

will facilitate school success is the key responsibility of the child and the ultimate outcome of First Steps. Often, incentives are required at home to encourage the child to cooperate with the program and to display the skills at home and school. Every effort is made to make the First Steps program a positive experience for the child. However, if the child does not want to participate in the program, it cannot be implemented.

Implementation Issues and Guidelines

First Steps is a direct intervention procedure that achieves **secondary** as opposed to **primary** or **tertiary** prevention goals. This form of prevention is designed for individuals who already show clear signs of risk and maladaptive behavior; most secondary prevention approaches are individually tailored and applied on a 1 to 1 basis. Thus, they are labor intensive and somewhat expensive. The First Steps program is applied to one child at a time but can be also applied to more than one child within a single classroom as long as a slightly staggered schedule is used. However, it is recommended that no more than two children at a time be involved in First Steps within the same classroom.

The most important factor in the program's success is the skill or competence with which First Steps is applied. If it is poorly and inconsistently applied, the outcomes will reflect this kind of application. The reverse is true as well. Careful attention to detail and consistent monitoring of the school and home intervention components is essential.

First Steps requires a commitment to early intervention in order to prevent at-risk children from getting off to the wrong start in school. If a child's problems are severe enough, resources beyond those involved in the program may be required. This commitment also assumes that children who complete First Steps should be carefully monitored and followed up for the remainder of the school year and into first grade and beyond as necessary. We recommend that booster shots (brief re-exposure to the program or its components) be applied as the child's behavior indicates a need for such support and assistance.

It is very important to insure that each target child is screened for vulnerability in relation to developing antisocial behavior patterns. As long as all children are evaluated in the same manner using the same criteria, it is usually not necessary to obtain parental consent for such initial screening. However, those students who are selected out through the screening process and who may be directly observed in the classroom should have prior parental consent for such observations. We find that parents are generally receptive to such requests as long as they are assured that the observations will be done in a sensitive and covert manner. If the screening-evaluation procedures confirm that a child is an appropriate candidate for First Steps, the parents should be approached about participating in the program. We have used the following script in this task.

"We have been conducting some screening of all kindergartners at school. Your child looks like one who could use some added assistance in getting

off to the best start possible in school. We'd like to know if you would be willing to work with us to insure that _(child's name)_ does as well as possible at school."

As a rule, parents respond very positively to this kind of approach. It is rare to find a parent who does not care whether their child does well in school. In this regard, it is most important to remember **not** to use phrases such as **"your child seems to be at risk" or "we are worried about your child's school performance".** These phrases alarm parents unnecessarily and reduce the chances they will participate in the program.

Attention to these details will help insure a high-quality implementation of **First Steps**. **First Steps** is a very positive intervention in terms of its goals and procedures; it should always be represented and presented as such. Children who are selected to participate in **First Steps** should in no way be stigmatized by the program. Generally, we find that their status with peers and their relationship with the teacher both improve during the implementation process. Nevertheless, it is important to remember always to treat the child and the intervention process with integrity, sensitivity, and confidentiality. Exercising good professional judgement in this matter is of the utmost importance.

Training of First Steps Program Consultants

The **First Steps** program is designed to be as self-instructional and stand-alone as possible. Detailed procedural manuals are provided that describe program tasks and how to implement them. However, it is highly recommended that, whenever possible, program consultants be trained in the specifics of the program.

The complete **First Steps** package contains the following components: **a set of program manuals, a set of Home Base games and activities for parents, a kitchen timer, a stopwatch, and a videotape that provides an overview of the program and illustrates key program tasks (e.g., presenting the program, training parents, etc.).** These materials are used during the training process and also during the actual intervention.

First Steps training of program consultants usually requires two full days. The school intervention procedures require one day of training, and **Home Base** requires an additional day. The cost of this training will be $1,000 to $1,500 for trainers' time, plus travel and per diem. It is recommended that one day's follow-up training and technical assistance be arranged after the program has been implemented. Up to 30 program consultants can be trained at one time. Materials for each application of **First Steps** can be purchased from the publisher. While training is recommended prior to implementation, it is not absolutely essential. School-based personnel who have extensive experience in mounting interventions would likely have the skills and experience necessary to master the program's procedures on their own and to implement it effectively.

Additional information about **First Steps** and arrangements for training or program adoption can be accessed by contacting **Hill Walker, Ph.D., College of Education, University of Oregon, 97403 (541) 346-3591.**

Barriers to Effective Implementation

There are a number of potential barriers to effective implementation of **First Steps** involving such factors as delays and philosophical objections, as well as rules, procedures, and school scheduling issues. Our experiences with these factors in implementing **First Steps** are described below for the reader's benefit.

Deciding to Implement First Steps

Generally, the decision to adopt and implement **First Steps** is made at a school district or individual school level. **First Steps** is considered to be a best-practice, early intervention that has produced solid research evidence of its effectiveness. Nevertheless, some may still view the program as experimental. Still others, for reasons of cost, inconvenience, or logistics, may be ambivalent about adopting the program. In this context, our advice is for potential consumers to look into the program thoroughly and to adopt it if they view it as an acceptable and effective solution. If concerns are not satisfied or if key players have ambivalent feelings about the program, we recommend that it not be adopted. Implementing **First Steps** in a school without the support of teachers and administrators would likely result in an unsatisfactory experience for all parties.

Reluctance to Proactively Screen Children

Many early childhood teachers are not enthusiastic about proactively detecting potentially antisocial students through the use of universal screening procedures. We find a general reluctance to do so based on the belief that such children should not be identified and labeled, or singled out, because it (a) might call attention to their problems and (b) lead to a self-fulfilling prophecy. There is also a belief among many early childhood educators that such children are immature and that the developmental process will take care of such problems. Unfortunately, these assumptions and beliefs often allow the behavior problems of at-risk children to develop to the point where it is very difficult to solve them. In many cases, they are not solved and continue to worsen as the child develops. Thus, it is recommended that all children be screened at least twice annually, preferably during the months of October and February. In this way, those who need exposure to programs like **First Steps** can be identified early on when the impact of intervention is likely to be maximized.

Philosophical Objections to Direct, Behavioral Interventions

We have encountered a small number of teachers who have philosophical problems with intervention programs that incorporate school and/or home rewards. This belief is

usually expressed in terms of such concerns as **"Children shouldn't expect to be rewarded for their school performance,"** or, **"It's unfair to reward a single child for behavior or performance that other children perform in the absence of external rewards."** Teachers who are strongly invested in such beliefs are unlikely to change and are not persuaded by the positive features of **First Steps**. We recommend that teachers who voice such objections strongly and consistently not be asked to participate in the program.

Non-Traditional Kindergarten Class Schedules

A logistical problem that frequently arises with **First Steps** implementation concerns the complex and diverse scheduling practices that are developed to accommodate kindergarten programs. While most kindergartens meet each weekday for 2-1/2 hours, some meet three days a week and still others meet four days a week (e.g., Monday-Thursday from 8:30 a.m. to 1:00 p.m.). These varying schedules create difficulties with the **First Steps** school intervention and schedules of application. This is particularly true during the first ten program days of the school intervention. It is recommended that the traditional kindergarten daily session of 2-1/2 to 4 hours be treated as an entire school day and that the **First Steps** scheduling and application procedures be adjusted to accommodate this general rule.

Support from Parents

In some cases, the parents of **First Steps** kindergartners will live apart and share responsibility for not only child rearing but also implementation of the program. In other cases, one parent is supportive of the program (generally the mother) and the other is less so or not at all. This makes both the home and school intervention components very difficult to implement effectively. When one parent is not supportive but will still allow the program to be implemented, we recommended that participation go forward. The cooperating parent should receive elaborate support, mentoring, and supervision in the implementation process as their task(s) will be more difficult than usual.

It is possible to implement the school only portion of the **First Steps** program. The results are likely not to be as powerful as when parent support and participation exist; however, it is still possible to produce acceptable changes in the child's school behavior with the school component only.

In addition to the above barriers, special circumstances often arise of an unanticipated nature that require creative solutions. This is simply an expected part of the program and requires good professional judgement and a willingness to search for alternate solutions. On the other hand, **First Steps** is a relatively simple intervention and the emergence of such special circumstances are not likely to be highly complex or difficult.

Conclusion

First Steps appears to be a cost-effective, early intervention that is well worth the time and effort required in its implementation. It is designed for young children who show the soft early signs of developing antisocial behavior patterns at the point of school entry. If implemented with integrity and careful attention to detail, it will produce positive outcomes for children who might otherwise be at risk for school failure.

First Steps was developed for and has been tested with kindergartners who show the signs of emerging antisocial behavior patterns. However, it will likely be effective for most at risk children in the K to 2-3 age-grade range. Two of the **First Steps** components are preschool adaptations of well established and researched programs (i.e. SSBD and CLASS) that were originally developed for students in the primary to intermediate grades. Having said this, it is important to note that the authors do not currently have empirical data and direct experience to verify this claim.

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